

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND /                                 |                                   |  |                |              |    |   |    |   |   |   |   |
|---|-----------------------------------|--|----------------|--------------|----|---|----|---|---|---|---|
| 1 Date of Request: <u>1/26/05</u>                               |                                   | 2 Serial/Patent # <u>101784721</u>   |                |              |    |   |    |   |   |   |   |
| 3 Please refund the following fee(s):                           |                                   | 4 PAPER NUMBER   | 5 DATE FILED   | 6 AMOUNT     |    |   |    |   |   |   |   |
| <input type="checkbox"/>  | Filing                            |  |                | \$           |    |   |    |   |   |   |   |
| <input type="checkbox"/>  | Amendment                         |  |                | \$           |    |   |    |   |   |   |   |
| <input type="checkbox"/>  | Extension of Time                 |  |                | \$           |    |   |    |   |   |   |   |
| <input type="checkbox"/>  | Notice of Appeal/Appeal           |  |                | \$           |    |   |    |   |   |   |   |
| <input type="checkbox"/>  | Petition                          |  |                | \$           |    |   |    |   |   |   |   |
| <input type="checkbox"/>  | Issue                             |  |                | \$           |    |   |    |   |   |   |   |
| <input type="checkbox"/>  | Cert of Correction/Terminal Disc. |  |                | \$           |    |   |    |   |   |   |   |
| <input type="checkbox"/>  | Maintenance                       |  |                | \$           |    |   |    |   |   |   |   |
| <input type="checkbox"/>  | Assignment                        |  |                | \$           |    |   |    |   |   |   |   |
| <input checked="" type="checkbox"/>                             | Other                             | <u>1PW</u>   | <u>181/464</u> | \$ <u>13</u> |    |   |    |   |   |   |   |
|   |                                   | 7 TOTAL AMOUNT OF REFUND   |                | \$           |    |   |    |   |   |   |   |
|   |                                   | 8 TO BE REFUNDED BY:   |                |              |    |   |    |   |   |   |   |
| 10 REASON:  |                                   | <div style="border: 1px solid black; padding: 5px;"> Treasury Check<br/> <input checked="" type="checkbox"/> Credit Deposit A/C #:<br/> <div style="display: flex; align-items: center;"> <span style="margin-right: 5px;">9</span> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">4</td> <td style="width: 20px;">--</td> <td style="width: 20px;">1</td> <td style="width: 20px;">4</td> <td style="width: 20px;">0</td> <td style="width: 20px;">6</td> </tr> </table> </div> </div> |                |              | 0  | 4 | -- | 1 | 4 | 0 | 6 |
| 0   | 4                                 |  |                |              | -- | 1 | 4  | 0 | 6 |   |   |
| <input type="checkbox"/>  | Overpayment                       |  |                |              |    |   |    |   |   |   |   |
| <input type="checkbox"/>  | Duplicate Payment                 |  |                |              |    |   |    |   |   |   |   |
| <input checked="" type="checkbox"/>                             | No Fee Due (Explanation):         |  |                |              |    |   |    |   |   |   |   |
| <u>wrong date - no petition rec. PTO <del>error</del> clerk</u> |                                   |  |                |              |    |   |    |   |   |   |   |
| 11 REFUND REQUESTED BY:   |                                   |  |                |              |    |   |    |   |   |   |   |
| TYPED/PRINTED NAME: <u>Alesia Brown</u>                         |                                   | TITLE: <u>Att'y</u>  |                |              |    |   |    |   |   |   |   |
| SIGNATURE: <u>[Signature]</u>                                   |                                   | PHONE: <u>23205</u>  |                |              |    |   |    |   |   |   |   |
| OFFICE: <u>OK</u>   |                                   |  |                |              |    |   |    |   |   |   |   |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****           |                                   |  |                |              |    |   |    |   |   |   |   |
| APPROVED: <u>[Signature]</u>                                    |                                   | DATE: <u>4/28/05</u>   |                |              |    |   |    |   |   |   |   |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: